

**MEDICAID WAIVER FOR MENTAL HEALTH PATIENTS**

2018 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Edward H. Redd**

Senate Sponsor: \_\_\_\_\_

---

---

**LONG TITLE**

**General Description:**

This bill requires the Division of Health Care Financing to apply for a Medicaid waiver or a state plan amendment to expand Medicaid coverage to certain individuals.

**Highlighted Provisions:**

This bill:

- requires the Division of Health Care Financing to apply for a Medicaid waiver or a state plan amendment to provide Medicaid coverage to certain mental health patients; and

- if the waiver described in this bill is approved, to provide Medicaid coverage to certain mental health patients.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**26-18-415**, Utah Code Annotated 1953

---

---

*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **26-18-415** is enacted to read:



28           **26-18-415. Mental health patient Medicaid waiver.**

29           (1) Before July 1, 2018, the division shall apply for a Medicaid waiver or a state plan  
30 amendment with the Centers for Medicare and Medicaid Services within the United States  
31 Department of Health and Human Services to provide Medicaid coverage for an individual  
32 described in Subsection (2).

33           (2) An individual may receive Medicaid coverage under this section if the individual:

34           (a) is under commitment to the custody of a local mental health authority, as defined in  
35 Section [62A-15-602](#);

36           (b) has an income that is below 95% of the federal poverty level established by the  
37 secretary of the United States Department of Health and Human Services under 42 U.S.C. Sec.  
38 9909(2); and

39           (c) does not qualify for:

40           (i) any other subsidized health care coverage; or

41           (ii) any health care coverage under a parent or employer.

42           (3) If the waiver described in Subsection (1) is approved, the department shall provide  
43 Medicaid coverage under this section for an individual until the later of:

44           (a) six months; or

45           (b) the day on which the patient no longer meets the requirements in Subsection (2).

---

**Legislative Review Note**  
**Office of Legislative Research and General Counsel**